



Community Emergency Response Team (CERT)



Program Forms
(Please do not send this page with your application)



Albuquerque Checklist for Disaster Volunteers

(Do not fax this page; use it for tracking your progress through the program)

To Be Completed by the Volunteer:

- ❑ **On-line FEMA courses IS 700 and IS 100 completed and verification provided to Citizen Corps office.**
 - <http://training.fema.gov/emiweb/is/is700a.asp>
 - <http://training.fema.gov/emiweb/is/is100a.asp>
 - Upon completion, forward the completion notification e-mail from FEMA to bsickles@cabq.gov.
- ❑ **Background check release form completed and submitted to Citizen Corps office.**
 - Background investigations will be completed by the Office of Emergency Management, with an average turn-around time of one week. All information is confidential.
- ❑ **Release from liability form completed and submitted to with the application.**
 - This form will be kept on file with Citizen Corps.
- ❑ **Contact information verification form completed and submitted to Citizen Corps office.**
 - Please provide as many phone numbers as possible so we may reach you quickly in an emergency.
- ❑ **At least 1 hour of volunteer activity per quarter logged with Citizen Corps.**

All forms can be returned to Citizen Corps in person, by fax or by mail.

Office: Albuquerque Citizen Corps
Office of Emergency Management
11510 Sunset Gardens SW
Albuquerque, NM 87121
Fax: 505-831-7906 Phone: 505-833-7247
Email: bsickles@cabq.gov

Albuquerque CERT Member Personal Information

Title:	First Name:	MI:	Last Name:	
Address:		City:	State:	Zip:
Telephone Numbers	Home:	Work:	Fax:	
	Pager:	Cell:		
	Driver's License #	State:	SSN	
Email Address:				
**Applicant – Fill out shaded areas only				
CERT Type: (Check all that apply)				
<input type="checkbox"/> CERT-NBH	<input type="checkbox"/> CERT-SCH	<input type="checkbox"/> CERT-FBO	<input type="checkbox"/> CERT-BUS	<input type="checkbox"/> CERT-GOV
			<input type="checkbox"/> CERT-UN	<input type="checkbox"/> CERT-Y
Region Name:		Name of Sub-Division (neighborhood):		
Team Affiliation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CERT Name:	Team #:
Reg. Complete	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Waiver Signed	<input type="checkbox"/> Yes
			<input type="checkbox"/> No	Team Leader
				<input type="checkbox"/> Yes
				<input type="checkbox"/> No

Training Completed

Basic CERT Course Completed	Yes	<input type="checkbox"/> No	Date Course Completed:
Certificate Issued	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ID Issued
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
Date Basic Course 1:		Date Basic Course 2:	
Fire Supp. Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	S&R Completed
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
Date Refresher Course # 1:		Date Cont. Ed. Course # 1:	
Date Refresher Course # 2:		Date Cont. Ed. Course # 2:	
Date Refresher Course # 3:		Date Cont. Ed. Course # 3:	
Date Refresher Course # 4:		Date Cont. Ed. Course # 4:	
Date Drill # 1:		Date Activation #1:	
Date Drill # 2:		Date Activation #2:	
Date Drill # 3:		Date Activation #3:	

Privacy Statement: The City of Albuquerque requests this personal information for purposes of correspondence or for conducting City business. The City of Albuquerque does not share this personal information with anyone outside the City of Albuquerque nor disclose personal information to any third party. *Users are cautioned that this information may nevertheless be subject to disclosure to any New Mexico citizen under the New Mexico Inspection of Public Records Act (Section 14-2-1 et seq. NMSA 1978) or pursuant to a court order.*

ALBUQUERQUE CITIZEN CORPS AUTHORIZATION AND RELEASE

I, _____ am under consideration for an appointment to a volunteer organization affiliated with the City of Albuquerque, i.e. Albuquerque Citizen Corps or Community Emergency Response Team (CERT), and in consideration thereof, I have signed this Authorization and Release below.

I authorize any and all governmental agencies to release to Brian Fields, or any other member of the Office of Emergency Management, all records related to any criminal investigation concerning me.

I release the City of Albuquerque, Brian Fields or any other member of the Office of Emergency Management from any and all liability arising out of the release of the information specified above and agree to defend and hold them harmless for all damages costs and attorney's fees that may occur as a direct or indirect result of the release of the information specified above.

I further authorize the City of Albuquerque, Bruce Sickles or any other member of the Office of Emergency Management to verify the accuracy of all information provided to the City of Albuquerque, Bruce Sickles or any other member of the Office of Emergency Management in regard to my appointment.

_____	(print name)
Signature of Applicant	
Date of Birth	Social Security Number
	Drivers License Number
State of New Mexico)	
) ss	
County of Bernalillo)	

The foregoing Authorization and Release was sworn to and acknowledged before me, the undersigned notary public, by _____, this _____ day of _____, 200__.

Notary Public

My Commission Expires: _____

*Please fill out and return to: Bruce Sickles, OEM, 11510 Sunset Gardens SW,
Albuquerque, NM 87121 fax (505) 831-7906

**ALBUQUERQUE
COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM
WAIVER & RELEASE OF LIABILITY AGREEMENT**

I, _____ hereby volunteer to participate in the Albuquerque Community Emergency Response Team (CERT) program.

RELEASE FROM LIABILITY. I hereby agree to release and discharge the City of Albuquerque, Albuquerque Office of Emergency Management, the City of Albuquerque Fire Department, Albuquerque Citizens Corps Council, and their agents and personnel, from any and all liability, claims, demands or causes of action that I may hereafter have for injuries or damages arising out of my participation in CERT activities, even if caused by negligence or other fault of the above-mentioned agencies.

COVENANT NOT TO SUE. I further agree that I WILL NOT SUE OR MAKE CLAIM against City of Albuquerque, Albuquerque Office of Emergency Management, the City of Albuquerque Fire Department, Albuquerque Citizens Corps Council, and their agents and personnel for damages or other losses sustained as a result of my participation in CERT activities.

INDEMNIFICATION AND HOLD HARMLESS. I also agree to INDEMNIFY AND HOLD City of Albuquerque, Albuquerque Office of Emergency Management, the City of Albuquerque Fire Department, Albuquerque Citizens Corps Council, and their agents and personnel HARMLESS from all claims, judgment and costs, including but not limited to attorneys' fees, and to reimburse them for any expenses whatsoever incurred in connection with an action brought as a result of my participation in CERT activities.

ASSUMPTION OF THE RISK. I understand and acknowledge that CERT activities are inherently dangerous and that participation will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage. I EXPRESSLY AND VOLUNTARILY ASSUME THE RISK OF DEATH OR OTHER PERSONAL INJURY SUSTAINED WHILE PARTICIPATION IN CERT ACTIVITIES WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER FAULT of City of Albuquerque, Albuquerque Office of Emergency Management, the City of Albuquerque Fire Department, Albuquerque Citizens Corps Council, and their agents and personnel including but not limited to equipment malfunction from whatever cause, inadequate training, or any other fault of the above-mentioned agencies.

Signature:

Date:

Emergency Contact Name:

Emergency Contact Number

**Signature of CERT
Representative**

Date

Albuquerque CERT

Volunteer Information Verification

(This form, although duplicating information previously provided, is designed to be forwarded to other organizations in the event of an activation.)

Name: .

Home Address:

City, Zip:

Preferred Email:

Home Phone:

Work Phone:

Cell Phone:

Pager:

Year of Birth:

Gender:

Veteran:

I give Albuquerque's Citizen Corps permission to share this information with other disaster response agencies on a temporary basis in the event of an emergency/disaster. _____

(Initials)